



## Academic Coursework Activity Plan & Activity Report for Courses at Accredited Colleges and Universities

**Note:**

This activity form must be submitted to the RID Approved Sponsor upon completion of the academic course.  
A copy of the Institution's transcript should be attached.

CMP Participant Name (print): \_\_\_\_\_ RID Member #: \_\_\_\_\_

CMP Participant Address \_\_\_\_\_

Course Title: \_\_\_\_\_

Name of College or University \_\_\_\_\_

What are the number of credit hours assigned to the course? \_\_\_\_\_/semester or \_\_\_\_\_/quarter

Name of Approved Sponsor: \_\_\_\_\_

RID Activity Number for this Academic Coursework:

\_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_.  
Sponsor Code . Month Year .Ascending within month; Internal Code (optional)

To which CMP *Content Area* does this course apply? Professional Studies \_\_\_\_\_ General Studies \_\_\_\_\_

Course Start Date: \_\_\_\_\_ Course Completion Date: \_\_\_\_\_

Number of Continuing Education Credits\* (CEUs) awarded to CMP participant: \_\_\_\_\_

(\*1.5 CEU/credit based on a *Semester* session or 1.0 CEU/credit based on a *Quarter* session.

As a CMP participant, I certify that this academic coursework represents a valid and verifiable Continuing Education experience which exceeds routine employment responsibilities.

Signature of CMP Participant \_\_\_\_\_ Date \_\_\_\_\_

As the CMP Approved Sponsor for this Academic Course activity, I certify that I received this plan prior to the course start date, and I agreed to sponsor this Continuing Education Experience. Prior to awarding CEUs, I verified successful completion of the course and a grade of "C" (2.0 GPA) or better.

Signature of RID Approved Sponsor Administrator \_\_\_\_\_ Date \_\_\_\_\_

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